

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 \$678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

				•						
Establishm		1-	a-Step #53	Telephone Number 8/2-923-0190	Date of In (mm/dd/y	r) .	PERMIT#			
Establishm	-		imber and street, city, state, zin code)	812-945-3096	8-2	8-19	050			
3693	<u>Pao</u>	<u>li</u>	Pike, Flads Knobs, IN 47119				239			
Owner	conh	i	Pierae	Purpose:	Follow-up Release Date Toda7					
Owner's A	ddress			2. Follow-up	/ 	of Violatio				
610	Provid	446	se Way Clarksville, IN 47129	3. Complaint	J	, 01 110,000				
Person in C	ومل.	nn	Mc Shane	4. Pre-Operational	c <u> </u>	- NC/) R			
Responsible	e Person's	E-ma	iil	5. Temporary	Menu Ty	pe (See baci	k of page)			
			·	6. HACCP 7. Other (list)			/			
Certified F	ood Mana		lia Hall 1-9-24	7. Other (hst)	12	3 1/	45			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"										
• VIOLATIO	ON(S) REPI	EATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE I	NARRATIVI	E BELOW AS "R"			
Section#	C/NC	R	Narrative	. /	,	To Be C	orrected By			
187	<u>C</u>	R	Measurea (5) tood items	on island cool	er	<u> </u>				
				llowing were di	scard	100	ay			
			Voluntarily by est; (s) pinen	to cheese (s) ch	<u>eken</u>	. :	·			
	Scalad, (4) Tunu Salad, (4) Mocaroni Salad, (9) Strowberry									
	delight, (8) pistachi pudding, (1) hard boiled egg,									
	(3) Cherry Cheese cake, (1) fruit partait,									
	- Keep daily log of internal temps on food									
	ļ.,		in island at least until Hi		ollow-	 	Coll			
177	N.C		Observed bulk ingredient bins	to be insuffice	uth C	wered	today			
202	NC	_	Observer (2) donted cans of	Brown gravy.		disco	reded			
291	291 NC Observed no sanifizer fest string. (Quat) week						eK			
296	296 NC Observed fea stirring spoon left in casinet between uses. today									
	<u> </u>	<u> </u>	- Wash between uses or wo				<u> </u>			
204	NC	ļ	Observed dust build up on tan a		7 R	3 d	ays			
310	on womans restroom, exhoust fan.									
392	NC	<u> </u>	· — — — — — — — — — — — — — — — — — — —	un,		tod	ay			
	<u> </u>			ext Page			,			
Received by (name and title printed): Jenny McShare Manaser Inspected by (name and title printed): Thomas Suider, EHS										
Received by		e):	14	Inspected by (signature):	_ /					
In Walland Immen										
cc:	7		cc:	-	cc;					
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:				_	0/20	1 1d	<i> a-</i>	
Establishm	ent Addres	ıun) sa	mber and street, city, state, zip code)	And the second	8-29	01-(259	
			-				201	
Owner				Purpose:	Follow-up Release Date			
				1. Routine				
Owner's Ac	idress			2. Follow-up	Summary of Violations:			
70 1 6	40			3. Complaint			×	
Person in C	narge			4. Pre-Operational	C NC R			
Damanathi	. Damania	IP		5. Temporary	24 5	/C 1 1	C)	
Responsible	e rerson's	r-mai		6. НАССР	Menu 1y	pe (See back	of page)	
Certified Fo	ood Manac			7. Other (list)	١	3 <i>V</i>	/, <u>-</u>	
Cerunea re	wu wanag	ger	•		12	<u>. 3 V</u>	_45	
:				<u> </u>				
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	(D IN THE I	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	, Narrative			To Be Co	orrected By	
394	NC		Observed Scattered trush	in dumpster		3 da	15	
			Coral.			- '	/	
1117	111			Luce No les	ada 1	7	10115	
4/6	NC		Observed dust and dead	bugs on wi	dow	3 0	ray 3	
11-1	<u> </u>		Sill neur dining tables	,, 				
426	NC.		Observed cigarities butts scattered 3 days					
			around perimeter of s	Hore.	-		•	
430	NC		Observed (2) light bulbs out in 4 week					
	,,,		fune hood.					
			101-2000.					
	-			11 /	·			
		-	- a follow-up inspection	will be	· .			
			conducted 9-12-19	or after.				
·	-		- FCHD may be called t	for an earlier	^			
			ex inspection with d			tal ist		
·			This pechalic and the	111/201 - 010/10	- // /(//	14(/)/	7	
		-						
				·			<u></u>	
· .		L. I	<u> </u>	•				
Received by	(name and	title p	printed);	Inspected by (name and title p	rinted);			
				Thomas		lor F	EHS .	
Received by	(signature);	,	Inspected by (signature):	7	, <i>U</i>	* /	
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